

Consent to disclose your information for the Credit Karma offer

To process your Credit Karma Money™ Spend account, we'll need to send your personal info to Credit Karma.

By signing this disclosure agreement, you'll allow us to share relevant info from your tax return with Credit Karma for this purpose.

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

Do you agree to let TurboTax share your personal information with Credit Karma to open a new Credit Karma Money™ Spend account?

I agree x

Taxpayer First Name

Taxpayer Last Name

Today's Date

Spouse First Name

Spouse Last Name

Today's Date

What information are you sharing?

We'll share the following information with Credit Karma:

Personal and contact information for the primary filer: first and last name; Social Security number; date of birth; mailing address used to file taxes (street, apartment, city, state, zip code); email address.

Identity verification: confirmation that the Social Security number matches the name and date of birth on the account; ID check completion.

Refund information: federal and state refund amounts to be deposited in a Credit Karma Money™ Spend account.

We'll need to check your age, address, and tax refund info to make sure you're eligible to apply for a Credit Karma Money™ Spend account. Signing this agreement lets us use this info on your tax return.

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent. You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

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Do you agree to let TurboTax review your tax information to determine if you're eligible to apply for a Credit Karma Money™ Spend account?

I agree ×

Taxpayer First Name Karam

Taxpayer Last Name Moore

Today's Date 10/12/2021

Spouse First Name

Spouse Last Name

Today's Date

What are the eligibility requirements to apply for the Credit Karma offer?

Here are some of the eligibility requirements to apply for a Credit Karma Money™ Spend account:

- You are 18 or older
- Your address must be located in one of the eligible states and can't be a PO Box or military address

Additionally, TurboTax requires you to have a federal refund of \$1 or more.

Filing Status ☒ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial Karam J		Last name Moore		Your social security number 587-49-8166	
If joint return, spouse's first name and middle initial		Last name		Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions. P0 Box 77104				Apt. no. 77104	
City, town, or post office. If you have a foreign address, also complete spaces below. Atlanta			State GA		ZIP code 303571104
Foreign country name		Foreign province/state/county		Foreign postal code	
Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☒ You ☐ Spouse					

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ Yes ☒ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1956 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1956 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ☒ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ ☐				☐	☐
				☐	☐
				☐	☐
				☐	☐

Attach Sch. B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	2,672,700.
	2a	Tax-exempt interest	2b	
	3a	Qualified dividends	3b	
	4a	IRA distributions	4b	
	5a	Pensions and annuities	5b	
	6a	Social security benefits	6b	
Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under Standard Deduction , see instructions.	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐	7	
	8	Other income from Schedule 1, line 9	8	
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	2,672,700.
	10	Adjustments to income:		
	a	From Schedule 1, line 22	10a	
	b	Charitable contributions if you take the standard deduction. See instructions	10b	
	c	Add lines 10a and 10b. These are your total adjustments to income ▶	10c	
	11	Subtract line 10c from line 9. This is your adjusted gross income ▶	11	2,672,700.
	12	Standard deduction or itemized deductions (from Schedule A)	12	22,940.
	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A	13	
	14	Add lines 12 and 13	14	22,940.
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	2,649,760.

16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐ _____	16	944,838.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	944,838.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	944,838.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	22,254.
24	Add lines 22 and 23. This is your total tax	24	967,092.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	2,000,000.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	33,246.
d	Add lines 25a through 25c	25d	2,033,246.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) No	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	2,033,246.

RefundDirect deposit?
See instructions.

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,066,154.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ☐	35a	1,066,154.
b	Routing number 051504759	c	Type: ☒ Checking ☐ Savings
d	Account number 100918791		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	

Amount You OweFor details on
how to pay, see
instructions.

37	Subtract line 33 from line 24. This is the amount you owe now	37	
38	Estimated tax penalty (see instructions)	38	

Third Party DesigneeDo you want to allow another person to discuss this return with the IRS? See instructions ☐ **Yes**. Complete below. ☒ **No**

Designee's name	Phone no.	Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation VISUAL ARTS & COMMUNICATION	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (678)434-4348	Email address
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Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
Firm's name	Self-Prepared			Phone no.
Firm's address				Firm's EIN

SCHEDULE 2
(Form 1040)Department of the Treasury
Internal Revenue Service**Additional Taxes**▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2020
Attachment
Sequence No. **02**Name(s) shown on Form 1040, 1040-SR, or 1040-NR
Karam J Moore**Your social security number**
587-49-8166**Part I Tax**

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . .	3	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	
5	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919 .	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7a	Household employment taxes. Attach Schedule H	7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a ☒ Form 8959 b ☐ Form 8960 c ☐ Instructions; enter code(s) _____	8	22,254.
9	Section 965 net tax liability installment from Form 965-A	9	
10	Add lines 4 through 8. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	10	22,254.

For Paperwork Reduction Act Notice, see your tax return instructions.

BAA

REV 08/30/21 Intuit.cq.cfp.sp

Schedule 2 (Form 1040) 2020

SCHEDULE A
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**Itemized Deductions**► Go to www.irs.gov/ScheduleA for instructions and the latest information.

► Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

2020Attachment
Sequence No. **07****Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Name(s) shown on Form 1040 or 1040-SR

Karam J Moore

Your social security number

587-49-8166

**Medical
and
Dental
Expenses****Caution:** Do not include expenses reimbursed or paid by others.

- 1 Medical and dental expenses (see instructions) **1** 0.
- 2 Enter amount from Form 1040 or 1040-SR, line 11 **2** 2,672,700.
- 3 Multiply line 2 by 7.5% (0.075) **3** 200,453.
- 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- **4**

**Taxes You
Paid**

- 5 State and local taxes.
- a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box ► ☐ **5a** 196,500.
- b State and local real estate taxes (see instructions) **5b**
- c State and local personal property taxes **5c**
- d Add lines 5a through 5c **5d** 196,500.
- e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) **5e** 10,000.
- 6 Other taxes. List type and amount ► **6**
- 7 Add lines 5e and 6 **7** 10,000.

**Interest
You Paid****Caution:** Your mortgage interest deduction may be limited (see instructions).

- 8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ► ☐
- a Home mortgage interest and points reported to you on Form 1098. See instructions if limited **8a**
- b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address **8b**
- c Points not reported to you on Form 1098. See instructions for special rules **8c**
- d Mortgage insurance premiums (see instructions) **8d**
- e Add lines 8a through 8d **8e**
- 9 Investment interest. Attach Form 4952 if required. See instructions **9**
- 10 Add lines 8e and 9 **10**

**Gifts to
Charity****Caution:** If you made a gift and got a benefit for it, see instructions.

- 11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions **11** 12,940.
- 12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You **must** attach Form 8283 if over \$500. **12**
- 13 Carryover from prior year **13**
- 14 Add lines 11 through 13 **14** 12,940.

**Casualty and
Theft Losses**

- 15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions **15**

**Other
Itemized
Deductions**

- 16 Other—from list in instructions. List type and amount ► **16**

**Total
Itemized
Deductions**

- 17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12 **17** 22,940.
- 18 If you elect to itemize deductions even though they are less than your standard deduction, check this box ► ☐

Additional Medicare Tax

► If any line does not apply to you, leave it blank. See separate instructions.
► Attach to Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
► Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

2020
Attachment
Sequence No. **71**

Name(s) shown on return

Karam J Moore

Your social security number

587-49-8166

Part I Additional Medicare Tax on Medicare Wages

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	2,672,700.		
2	Unreported tips from Form 4137, line 6	2			
3	Wages from Form 8919, line 6	3			
4	Add lines 1 through 3	4	2,672,700.		
5	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	5	200,000.		
6	Subtract line 5 from line 4. If zero or less, enter -0-	6		2,472,700.	
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7		22,254.	

Part II Additional Medicare Tax on Self-Employment Income

8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.)	8			
9	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	9			
10	Enter the amount from line 4	10			
11	Subtract line 10 from line 9. If zero or less, enter -0-	11			
12	Subtract line 11 from line 8. If zero or less, enter -0-	12			
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13			

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14			
15	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	15			
16	Subtract line 15 from line 14. If zero or less, enter -0-	16			
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV	17			

Part IV Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 8 (check box a) (Form 1040-PR or 1040-SS filers, see instructions), and go to Part V	18		22,254.	
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Part V Withholding Reconciliation

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	72,000.		
20	Enter the amount from line 1	20	2,672,700.		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	38,754.		
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		33,246.	
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23			
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or 1040-SS filers, see instructions)	24		33,246.	

**Net Investment Income Tax—
Individuals, Estates, and Trusts**

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form8960 for instructions and the latest information.

OMB No. 1545-2227

2020
Attachment
Sequence No. **72**

Name(s) shown on your tax return

Karam J Moore

Your social security number or EIN

587-49-8166

Part I Investment Income

- ☐ Section 6013(g) election (see instructions)
☐ Section 6013(h) election (see instructions)
☐ Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)	1	
2	Ordinary dividends (see instructions)	2	
3	Annuities (see instructions)	3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a	
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b	
c	Combine lines 4a and 4b	4c	
5a	Net gain or loss from disposition of property (see instructions)	5a	
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b	
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c	
d	Combine lines 5a through 5c	5d	
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)	6	
7	Other modifications to investment income (see instructions)	7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7	8	

Part II Investment Expenses Allocable to Investment Income and Modifications

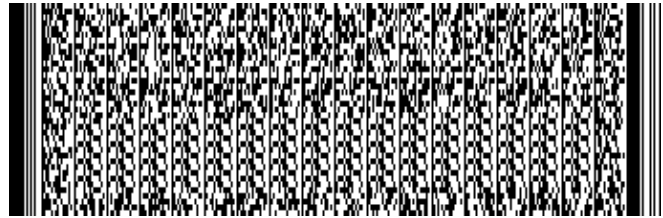
9a	Investment interest expenses (see instructions)	9a	
b	State, local, and foreign income tax (see instructions)	9b	
c	Miscellaneous investment expenses (see instructions)	9c	
d	Add lines 9a, 9b, and 9c	9d	
10	Additional modifications (see instructions)	10	
11	Total deductions and modifications. Add lines 9d and 10	11	

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13–17. Estates and trusts, complete lines 18a–21. If zero or less, enter -0-	12	0.
Individuals:			
13	Modified adjusted gross income (see instructions)	13	2,672,700.
14	Threshold based on filing status (see instructions)	14	200,000.
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	2,472,700.
16	Enter the smaller of line 12 or line 15	16	0.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)	17	0.
Estates and Trusts:			
18a	Net investment income (line 12 above)	18a	
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b	
c	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-	18c	
19a	Adjusted gross income (see instructions)	19a	
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b	
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c	
20	Enter the smaller of line 18c or line 19c	20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)	21	



2100411512

**Georgia Form 500** (Rev. 06/20/20)

Individual Income Tax Return

Georgia Department of Revenue

2020(Approved software version)**Page 1**Fiscal Year
BeginningSTATE GA
ISSUEDFiscal Year
EndingYOUR DRIVER'S
LICENSE/STATE ID

070206972

YOUR FIRST NAME
1. KARAMMI
JYOUR SOCIAL SECURITY NUMBER
587-49-8166LAST NAME (For Name Change See IT-511 Tax Booklet)
MOORE

SUFFIX

SPOUSE'S FIRST NAME

MI

SPOUSE'S SOCIAL SECURITY NUMBER

LAST NAME

SUFFIX

DEPARTMENT USE ONLY

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) ☐ CHECK IF ADDRESS HAS CHANGED
2. PO BOX 77104

APT NO 77104

CITY (Please insert a space if the city has multiple names)
3. ATLANTASTATE
GAZIP CODE
303571104

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number 4. 1

Residency Status

1. FULL- YEAR RESIDENT 2. PART- YEAR RESIDENT

TO

3. NONRESIDENT

Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer.

5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)..... 5. A

Filing Status

A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Widow(er)

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself ☒ 6b. Spouse ☐ 6c. 1

7a. Number of Dependents (Enter details on Line 7b., and DO NOT include yourself or your spouse)..... 7a.

ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING



YOUR SOCIAL SECURITY NUMBER
587-49-8166

7b. Dependents (If you have more than 4 dependents, attach a list of additional dependents)

First Name, MI.

Last Name

Social Security Number

Relationship to You

First Name, MI.

Last Name

Social Security Number

Relationship to You

First Name, MI.

Last Name

Social Security Number

Relationship to You

First Name, MI.

Last Name

Social Security Number

Relationship to You

INCOME COMPUTATIONS

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3,456.

8. Federal adjusted gross income (From Federal Form 1040)..... 8. **2672700**
(Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s you must include a copy of your Federal Form 1040 Pages 1, 2, and Schedule 1.
9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet) 9.
10. Georgia adjusted gross income (Net total of Line 8 and Line 9)..... 10. **2672700**
11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION)..... 11a.
(See IT-511 Tax Booklet)
- b. Self: 65 or over? ☐ Blind? ☐ Total x 1,300=..... 11b.
Spouse: 65 or over? ☐ Blind? ☐
- c. Total Standard Deduction (Line 11a + Line 11b)..... 11c.
Use EITHER Line 11c OR Line 12c (Do not write on both lines)
12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, you must include Federal Schedule A.
- a. Federal Itemized Deductions (Schedule A-Form 1040) 12a. **22940**
- b. Less adjustments: (See IT-511 Tax Booklet) 12b. **178**
- c. Georgia Total Itemized Deductions..... 12c. **22762**
13. Subtract either Line 11c or Line 12c from Line 10; enter balance..... 13. **2649938**

Georgia Form **500**
Individual Income Tax Return
Georgia Department of Revenue
2020



YOUR SOCIAL SECURITY NUMBER
587-49-8166

Page **3**

14a. Enter the number from Line 6c. **1** Multiply by \$2,700 for filing status A or D 14a. **2700**
or multiply by \$3,700 for filing status B or C

14b. Enter the number from Line 7a. Multiply by \$3,000..... 14b.

14c. Add Lines 14a. and 14b. Enter total..... 14c. **2700**

15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14)..... 15a. **2647238**

15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after
applying the 80% limitation, see IT-511 Tax Booklet for more information)....15b.

15c. Georgia Taxable Income (Line 15a less Line 15b)..... 15c. **2647238**

16. Tax (Use the Tax Table in the IT-511 Tax Booklet) 16. **152044**

17. Low Income Credit 17a. 17b. 17c.

18. Other State(s) Tax Credit (Include a copy of the other state(s) return) 18.

19. Credits used from IND-CR Summary Worksheet 19.

20. **Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically)** 20.

21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16 21. **0**

22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero 22. **152044**

INCOME STATEMENT DETAILS Only enter income on which Georgia tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from **Form G2-RP Line 12 or 13; Form G2-LP Line 11**, or for **Form G2-FL enter zero**.

(INCOME STATEMENT A)

1. WITHHOLDING TYPE:
☒ W-2 ☐ G2-A ☐ G2-LP
☐ 1099 ☐ G2-FL ☐ G2-RP

2. EMPLOYER/PAYER FEDERAL
ID NUMBER (FEIN) ☒ SSN ☐
461170005

3. EMPLOYER/PAYER STATE WITHHOLDING ID
461170005

4. GA WAGES / INCOME
2672700

5. GA TAX WITHHELD
190000

(INCOME STATEMENT B)

1. WITHHOLDING TYPE:
☐ W-2 ☐ G2-A ☐ G2-LP
☐ 1099 ☐ G2-FL ☐ G2-RP

2. EMPLOYER/PAYER FEDERAL
ID NUMBER (FEIN) ☐ SSN ☐

3. EMPLOYER/PAYER STATE WITHHOLDING ID

4. GA WAGES / INCOME

5. GA TAX WITHHELD

(INCOME STATEMENT C)

1. WITHHOLDING TYPE:
☐ W-2 ☐ G2-A ☐ G2-LP
☐ 1099 ☐ G2-FL ☐ G2-RP

2. EMPLOYER/PAYER FEDERAL
ID NUMBER (FEIN) ☐ SSN ☐

3. EMPLOYER/PAYER STATE WITHHOLDING ID

4. GA WAGES / INCOME

5. GA TAX WITHHELD

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING

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REV 04/06/21 INTUIT.CG.CFP.SP



YOUR SOCIAL SECURITY NUMBER
587-49-8166

Page 4

(INCOME STATEMENT D)

1. WITHHOLDING TYPE:
☐ W-2 ☐ G2-A ☐ G2-LP
☐ 1099 ☐ G2-FL ☐ G2-RP
2. EMPLOYER/PAYER FEDERAL
ID NUMBER (FEIN) ☐ SSN ☐

(INCOME STATEMENT E)

1. WITHHOLDING TYPE:
☐ W-2 ☐ G2-A ☐ G2-LP
☐ 1099 ☐ G2-FL ☐ G2-RP
2. EMPLOYER/PAYER FEDERAL
ID NUMBER (FEIN) ☐ SSN ☐

(INCOME STATEMENT F)

1. WITHHOLDING TYPE:
☐ W-2 ☐ G2-A ☐ G2-LP
☐ 1099 ☐ G2-FL ☐ G2-RP
2. EMPLOYER/PAYER FEDERAL
ID NUMBER (FEIN) ☐ SSN ☐

3. EMPLOYER/PAYER STATE WITHHOLDING ID
4. GA WAGES / INCOME
5. GA TAX WITHHELD

23. Georgia Income Tax Withheld on Wages and 1099s	23.	190000
(Enter Tax Withheld Only and include W-2s and/or 1099s)		
24. Other Georgia Income Tax Withheld.....	24.	
(Must include G2-A, G2-FL, G2-LP and/or G2-RP)		
25. Estimated Tax paid for 2020 and Form IT-560	25.	2000
26. Schedule 2B Refundable Tax Credits.....	26.	
(Cannot be claimed unless filed electronically)		
27. Total prepayment credits (Add Lines 23, 24, 25 and 26).....	27.	192000
28. If Line 22 exceeds Line 27, subtract Line 27 from Line 22 and enter balance due.....	28.	
29. If Line 27 exceeds Line 22, subtract Line 22 from Line 27 and enter overpayment	29.	39956
30. Amount to be credited to 2021 ESTIMATED TAX	30.	0
31. Georgia Wildlife Conservation Fund (No gift of less than \$1.00).....	31.	1000
32. Georgia Fund for Children and Elderly (No gift of less than \$1.00).....	32.	1000
33. Georgia Cancer Research Fund (No gift of less than \$1.00)	33.	1000
34. Georgia Land Conservation Program (No gift of less than \$1.00).....	34.	1000
35. Georgia National Guard Foundation (No gift of less than \$1.00)	35.	1000
36. Dog & Cat Sterilization Fund (No gift of less than \$1.00).....	36.	1000
37. Saving the Cure Fund (No gift of less than \$1.00).....	37.	1000
38. Realizing Educational Achievement Can Happen (REACH) Program	38.	1000
(No gift of less than \$1.00)		

Georgia Form **500**
Individual Income Tax Return
Georgia Department of Revenue
2020



2100411552

YOUR SOCIAL SECURITY NUMBER
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Page **5**

39. Public Safety Memorial Grant (No gift of less than \$1.00)..... 39. 1000

40. Form 500 UET (Estimated tax penalty) ☐ 500 UET exception attached 40.

41. (If you owe) Add Lines 28, 31 thru 40 41.
MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE..

Amount Due Mail To:
GEORGIA DEPARTMENT OF REVENUE
PROCESSING CENTER, PO BOX 740399
ATLANTA, GA 30374-0399

42. (If you are due a refund) Subtract the sum of Lines 30 thru 40 from Line 29 42. 30956
THIS IS YOUR REFUND.....

If you do not enter Direct Deposit information or if you are a first time filer you will be issued a paper check.

42a. Direct Deposit (U.S. Accounts Only)

Type: Checking ☒
Savings ☐

Routing
Number 051504759
Account
Number 100918791

Refund Due Mail To:
GEORGIA DEPARTMENT OF REVENUE
PROCESSING CENTER, PO BOX 740380
ATLANTA, GA 30374-0380

INCLUDE ALL ITEMS IN ENVELOPE, **DO NOT** STAPLE YOUR CHECK, W-2s, OTHER WITHHOLDING DOCUMENTS, OR TAX RETURN.
I/We declare under the penalties of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer(s), this declaration is based on all information of which the preparer has knowledge. Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

Taxpayer's Signature ☐ (Check box if deceased)

Spouse's Signature ☐ (Check box if deceased)

Date

Date

Taxpayer's Phone Number
678-434-4348

☐ I authorize DOR to discuss this return with the named preparer.

By providing my e-mail address I am authorizing the Georgia Department of Revenue to electronically notify me at the below e-mail address regarding any updates to my account(s).

Taxpayer's E-mail Address

Preparer's Phone Number

Signature of Preparer
Name of Preparer Other Than Taxpayer
SELF - PREPARED

Preparer's FEIN

Preparer's Firm Name

Preparer's SSN/PTIN/SIDN

ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING

Filing Status ☒ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial Karam J		Last name Moore		Your social security number 587-49-8166	
If joint return, spouse's first name and middle initial		Last name		Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions. P0 Box 77104				Apt. no. 77104	
City, town, or post office. If you have a foreign address, also complete spaces below. Atlanta			State GA		ZIP code 303571104
Foreign country name		Foreign province/state/county		Foreign postal code	
Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☒ You ☐ Spouse					

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ Yes ☒ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1956 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1956 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ☒ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ ☐				☐	☐
				☐	☐
				☐	☐
				☐	☐

Attach Sch. B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	2,672,700.
	2a	Tax-exempt interest	2a	
	3a	Qualified dividends	3a	
	4a	IRA distributions	4a	
	5a	Pensions and annuities	5a	
	6a	Social security benefits	6a	
Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under Standard Deduction , see instructions.	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐	7	
	8	Other income from Schedule 1, line 9	8	
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	2,672,700.
	10	Adjustments to income:		
	a	From Schedule 1, line 22	10a	
	b	Charitable contributions if you take the standard deduction. See instructions	10b	
	c	Add lines 10a and 10b. These are your total adjustments to income ▶	10c	
	11	Subtract line 10c from line 9. This is your adjusted gross income ▶	11	2,672,700.
	12	Standard deduction or itemized deductions (from Schedule A)	12	22,940.
	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A	13	
	14	Add lines 12 and 13	14	22,940.
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	2,649,760.

16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐ _____	16	944,838.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	944,838.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	944,838.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	22,254.
24	Add lines 22 and 23. This is your total tax	24	967,092.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	2,000,000.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	33,246.
d	Add lines 25a through 25c	25d	2,033,246.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) No	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	2,033,246.

RefundDirect deposit?
See instructions.

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,066,154.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ☐	35a	1,066,154.
b	Routing number 051504759	c	Type: ☒ Checking ☐ Savings
d	Account number 100918791		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	

Amount You OweFor details on
how to pay, see
instructions.

37	Subtract line 33 from line 24. This is the amount you owe now	37	
38	Estimated tax penalty (see instructions)	38	

Third Party DesigneeDo you want to allow another person to discuss this return with the IRS? See instructions ☐ **Yes**. Complete below. ☒ **No**

Designee's name	Phone no.	Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation VISUAL ARTS & COMMUNICATION	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (678)434-4348	Email address
-------------------------	---------------

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
Firm's name	Self-Prepared			Phone no.
Firm's address				Firm's EIN

SCHEDULE A
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**Itemized Deductions**► Go to www.irs.gov/ScheduleA for instructions and the latest information.

► Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

2020Attachment
Sequence No. **07****Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Name(s) shown on Form 1040 or 1040-SR

Karam J Moore

Your social security number

587-49-8166

**Medical
and
Dental
Expenses****Caution:** Do not include expenses reimbursed or paid by others.

- | | | |
|---|---|------------|
| 1 | Medical and dental expenses (see instructions) | 0. |
| 2 | Enter amount from Form 1040 or 1040-SR, line 11 | 2,672,700. |
| 3 | Multiply line 2 by 7.5% (0.075) | 200,453. |
| 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | |

**Taxes You
Paid**

5 State and local taxes.

a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box ☐

5a 196,500.

b State and local real estate taxes (see instructions)

5b

c State and local personal property taxes

5c

d Add lines 5a through 5c

5d 196,500.

e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)

5e 10,000.

6 Other taxes. List type and amount ►

6

7 Add lines 5e and 6

7 10,000.

**Interest
You Paid****Caution:** Your mortgage interest deduction may be limited (see instructions).8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ☐

a Home mortgage interest and points reported to you on Form 1098. See instructions if limited

8a

b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address

8b

c Points not reported to you on Form 1098. See instructions for special rules

8c

d Mortgage insurance premiums (see instructions)

8d

e Add lines 8a through 8d

8e

9 Investment interest. Attach Form 4952 if required. See instructions.

9

10 Add lines 8e and 9

10

**Gifts to
Charity****Caution:** If you made a gift and got a benefit for it, see instructions.

11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions

11 12,940.

12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You **must** attach Form 8283 if over \$500.

12

13 Carryover from prior year

13

14 Add lines 11 through 13

14 12,940.

**Casualty and
Theft Losses**

15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions

15

**Other
Itemized
Deductions**

16 Other—from list in instructions. List type and amount ►

16

**Total
Itemized
Deductions**

17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12

17 22,940.

18 If you elect to itemize deductions even though they are less than your standard deduction, check this box ☐

SCHEDULE 2
(Form 1040)Department of the Treasury
Internal Revenue Service**Additional Taxes**▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2020
Attachment
Sequence No. **02**Name(s) shown on Form 1040, 1040-SR, or 1040-NR
Karam J Moore**Your social security number**
587-49-8166**Part I Tax**

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . .	3	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	
5	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919 .	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7a	Household employment taxes. Attach Schedule H	7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a ☒ Form 8959 b ☐ Form 8960 c ☐ Instructions; enter code(s) _____	8	22,254.
9	Section 965 net tax liability installment from Form 965-A . . .	9	
10	Add lines 4 through 8. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	10	22,254.

For Paperwork Reduction Act Notice, see your tax return instructions.

BAA

REV 08/30/21 Intuit.cq.cfp.sp

Schedule 2 (Form 1040) 2020